

NOTICE OF CONTRACTING OPPORTUNITY
APPLICATION FOR NAVY CONTRACT POSITIONS
16 FEBRUARY 2004

THIS IS NOT A CIVIL SERVICE POSITION

1. **IMPORTANT INFORMATION:** CUTOFF DATE AND TIME FOR RECEIPT OF APPLICATIONS IS 3:00 p.m. EST ON OR BEFORE **15 MARCH 2004**. SEND APPLICATIONS TO THE FOLLOWING ADDRESS:

NAVAL MEDICAL LOGISTICS COMMAND
ATTN: 220
1681 NELSON STREET
FORT DETRICK MD 21702-9203

E-MAIL: Acquisitions@nmlc.med.navy.mil.
IN SUBJECT LINE PLEASE REFERENCE: CODE 220

A. NOTICE. This position is set-aside for an individual PHYSICAL THERAPIST that meets the requirements herein. Applications from companies will not be considered; additionally, applications from active duty Navy personnel, civilian employees of the Navy, or persons currently performing services under other Navy contracts will not be considered without the prior approval of the Contracting Officer.

B. POSITION SYNOPSIS: **PHYSICAL THERAPIST (BREAST HEALTH CENTER)**. The Government is seeking to place under contract, an individual who holds a current, unrestricted license to practice as a physical therapist in any one of the fifty States, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands. This individual must also (1) meet all the requirements contained herein; and, (2) competitively win this contract award. (See Sections III and IV). An Incentive Plan may be incorporated into the resulting contract award at a future date, to be bilaterally negotiated with you at the time the Incentive Plan is introduced.

C. DUTY HOURS. Services shall be provided at the Naval Medical Center San Diego, CA or Branch Medical Clinics. All Branch Medical Clinics are within a 35-mile commuting range of the Naval Medical Center San Diego, CA.

You shall be on duty in the assigned clinical area 40 hours each week between the hours of 0730 and 1630, including an uncompensated 1-hour for lunch. Specific hours shall be scheduled 30 days in advance by the Commanding Officer. Any changes in the schedule shall be coordinated between you and the Government. You shall arrive for each scheduled shift in a well-rested condition.

You shall accrue eight hours of leave for every 80 hours worked. Your services shall not be required on the following federally established paid holidays: New Year's Day, Martin Luther King's Birthday, President's Day, Memorial Day, Independence Day, Labor Day, Columbus Day, Veteran's Day, Thanksgiving Day, and Christmas Day. The Government will compensate you for these periods of planned absence.

This position is for a period beginning from the start date, (a date agreed upon by the successful applicant and the Government), through 30 September of the same fiscal year with options to extend the contract for a total of five years. The contract will be renewable each fiscal year at the option of the Government.

II. STATEMENT OF WORK

A. The use of "Commanding Officer" means the Commanding Officer, Naval Medical Center San Diego, CA or designated representative, e.g. Contracting Officer Representative, Technical Liaison, or Department Head.

B. SUITS ARISING OUT OF MEDICAL MALPRACTICE. You are serving at the military treatment facility under a personal services contract entered into under the authority of §1091 of Title 10, United States Code. Accordingly, §1089 of Title 10, United States Code shall apply to personal injury lawsuits filed against you based on negligent or wrongful acts or omissions incident to performance within the scope of this contract. You are not required to maintain medical malpractice liability insurance.

You shall be rendering personal services to the Government under this contract and shall be subject to day-to-day supervision and control by Government personnel. Supervision and control is the process by which you receive technical guidance, direction, and approval with regard to a task(s) within the requirements of this contract. The supervisor is the director, Breast Health Center or designee.

C. DUTIES AND RESPONSIBILITIES.

1. GENERAL.

You shall perform a full range of physical therapy services, within the scope of clinical privileges granted by the Commanding Officer, on site using government furnished supplies, facilities and equipment. Workload occurs as a result of scheduled and unscheduled requirements for care. Your actual clinical performance will be a function of the Commanding Officer's credentialing process and the overall demand for care to include evaluations, designing written treatment plans and goals, administering and directing the application of exercises protocols and physical agents, providing technical direction to supporting technicians and physical therapist assistants, and participating in Physical/Occupational Therapy Department educational and quality improvement programs.

You shall be responsible for the delivery of treatment within the personnel and equipment capabilities of the Medical Treatment Facility (MTF), provision of mandated surveillance and preventive services, and the quality and timeliness of treatment records and reports required to document procedures performed and care provided. In all cases, the processes and procedures of the MTF will apply to the services that you render under this contract.

You shall be subject to guidelines set forth in the Command's quality assurance and risk management instructions. You shall perform administrative duties that include maintaining statistical records of your clinical workload, participating in medical education programs, preparing documentation for boards, and participating in clinical staff continuous quality functions at the prerogative of the Commanding Officer, consistent with other physical therapists providing the same level of care.

You will be evaluated annually on your performance and adherence to the requirements of your contract. However, the Government reserves the right to evaluate you semi-annually. Additional (i.e. special) evaluations may be performed to correct clinical or other performance deficiencies identified by the Government. The totality of scheduled performance evaluations, any special evaluations, memoranda of counseling sessions, and any other documentation generated by the Government will constitute your complete evaluation.

2. ADMINISTRATIVE AND TRAINING REQUIREMENTS.

You shall provide training and/or direction to supporting government employees assigned to you during the performance of clinical procedures. Such direction and interaction will comply with Government and professional clinical standards and accepted protocols.

You shall participate in meetings to review and evaluate the care provided to patients, identify opportunities to improve the care delivered, and recommend corrective action when problems exist. Should a meeting occur outside of your regular working hours, you shall be required to read and initial the minutes of the meeting.

You shall participate in the provision of in-service training to non-healthcare-practitioner members of the clinical and administrative staff on subjects germane to medical care.

You shall attend annual renewal of Government-provided training requirements for family advocacy, disaster training, infection control, Sexual Harassment, Bloodborne Pathogens and Fire Safety.

You shall participate in the implementation of the Command's Family Advocacy Program as directed.

You shall perform administrative functions such as serving on boards and committees and attending or providing continuing education.

You shall attend training in the data systems used by the MTF. This Government provided training is estimated at a minimum of four (4) hours, and up to a maximum of 40 hours.

You shall obtain and maintain certification in American Heart Association Basic Life Support (BLS) for Healthcare Providers; American Heart Association Healthcare Provider Course; American Red Cross CPR (Cardio Pulmonary Resuscitation) for the Professional Rescuer; or equivalent. In the event you are otherwise qualified but do not possess or cannot maintain this certification and the Government elects to provide it, the Government reserves the right to deduct 4 hours of compensated service as consideration. Consideration will be based upon your hourly rate (the CLIN in Schedule B of the contract).

3. CLINICAL SERVICES:

Routine workload is scheduled by the treatment facility. Primary workload is a result of appointments generated by patient activity through the department or scheduled through the MTF. You shall have full responsibility for diagnostic examinations, the development of comprehensive treatment plans, and the delivery of treatment within the personnel, equipment, and supply capabilities of the facility. In addition, you shall have full responsibility for the quality and timeliness of the preparation of records and reports for procedures performed and care provided. Patients frequently have overlapping, multiple symptoms and often require multidiscipline, long-term treatment. You shall refer patients to staff specialists for consultative opinions and continuation of care and shall see the patients of other staff health care providers for consultation and treatment. Also:

You shall assume responsibility for the treatment of lymphedema in the breast cancer population. This specialized physical therapy includes, but is not limited to the use of unique extremity measurement tools, reduction devices and materials, therapeutic manipulations and exercises, and finally, wellness prevention training, and

You shall coordinate and maintain a Cancer Rehabilitation Program, providing evaluation and treatment of patients currently undergoing Chemotherapy and/or Radiation Therapy, provide re-assessments and progression as indicated, and

You shall coordinate and lead group exercise sessions and aquatic therapy sessions dealing with multiple aspects of breast cancer and disease, and

The work environment involves risks typically associated with the performance of clinical procedures. You may be exposed to contagious disease and infections requiring the wearing of personal protection equipment such as scrub attire, gloves, masks, and eye protection.

Your actual clinical performance will be a function of the Commanding Officer's credentialing process and the overall demand for physical therapy services. Your productivity is expected to be comparable with that of other physical therapists assigned to the same facility and scope of practice.

As directed by the Commanding Officer, you may be assigned other duties consistent with the normal duties of a physical therapist including, but not limited to, participating in command quality improvement and assurance meetings.

4. ORIENTATION. You shall undergo on-site orientation. Orientation shall include familiarization with the facility, introduction to the Quality Improvement Program, introduction to MTF rules and regulations, introduction to military protocol such as military structure, time and rank, parking permits, infection control protocols and clarification of rights and responsibilities.

5. CREDENTIALS AND PRIVILEGING. Upon award, you shall complete a PPIS (Personal and Professional Information Sheet and other supporting documentation required to complete an ICF (Individual Credentials File) prior to performance of services. The ICF, maintained at the facility, contains specific information regarding the qualifying educational degree(s) and professional licensure, past professional experience and performance, education and training, health status, and competency as defined in Appendix (F) of BUMEDINST 6320.66D and subsequent revisions, and higher directives. A copy of this instruction may be obtained from the World Wide Web at <http://nmo.med.navy.mil/Files/Media/directives/6320-66d.pdf>.

III. MINIMUM PERSONNEL QUALIFICATIONS.

A. To be qualified for this position you must:

Possess a Masters of Science Degree in Physical Therapy from a physical therapy program accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE) of the American Physical Therapy Association (APTA), and

Have successfully completed programs related to the therapy and care of pre- and post-operative breast cancer patients including, but not limited to a cancer exercise specialist programs, lymphedema therapy programs, manual lymph drainage and complete decongestive physiotherapy programs, and movement and dance programs, and

Have a current, unrestricted license to practice as a physical therapist in any one of the 50 States, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands, and

Have at least two years experience following conference of your graduate degree as a Lymphedema Specialist within the preceding five years, and

Be eligible for U.S. employment, (See attachment III), and

Represent an acceptable malpractice risk to the Navy, and

Submit a fair and reasonable price that has been accepted by the Government, and

Submit your experience as demonstrated by your resume, and

Submit two letters of recommendation written within the last two years attesting to your clinical skills. A minimum of one of the letters must be from a physician supervisor (allopathic or osteopathic). The other letters must be from either clinic or hospital administrators, practicing physicians (allopathic or osteopathic), or academic advisors/professors. Reference letters shall attest to your communication skills and ability to relate to patients as well as professional and other interpersonal skills among staff members and must include name, title, phone number, date of reference, address and signature of the individual providing reference. To be most relevant, reference letters must address your experience working in a breast health or women's health environment.

B. The Government reserves the right to interview you prior to the award of a contract. If interviews are required, the Contracting Officer listed herein will amend this Notice of Contracting Opportunity prior to any interview. You are prohibited from responding to a request for an interview unless all of the following are present:

This Notice of Contracting Opportunity has been amended, and

The amendment lists the questions to be asked and the evaluation factors to be used during those interviews, and

All requirements for interviews have been coordinated and scheduled by the Contracting Officer or his/her designee.

The Government further reserves the right to conduct interviews by telephone, video teleconference or, in person.

IV. FACTORS TO BE USED IN A CONTRACT AWARD DECISION.

A. If you meet the minimum qualifications listed in the section above entitled, "Minimum Personnel Qualifications", you will be ranked against all other qualified candidates using:

Your Resume or Curriculum Vitae, then
Your Letters of Recommendation, then
Your experience in a military treatment facility.

B. The ranking criteria, listed in descending order of importance, are:

Your experience as a physical therapist, including but not limited to work previously performed in a position under contract to the Government. Experience also includes breast health experience, subspecialty training, or demonstrated ability to train other individuals in physical therapy programs, then

Your letters of recommendation that may enhance your ranking if they address such items as your clinical skills, professionalism, or specific areas of expertise, then

Your total Continuing Education hours within the preceding 2 years, then

Additional certifications or licensure you hold, then

Your experience in a military medical treatment facility, then

Your current American Heart Association Basic Life Support (BLS) for Healthcare Providers or equivalent.

V. INSTRUCTIONS FOR COMPLETING THE APPLICATION. To be qualified for this contract position, you must submit:

- A. _____ A completed Resume or Curriculum Vitae (Attachment I).
- B. _____ A completed Pricing Sheet (Attachment II).
- C. _____ Proof of employment eligibility (Attachment III).
- D. _____ Two or more letters of recommendation.
- E. _____ Central Contracting Registration Confirmation Sheet (Attachment IV).
- F. _____ Small Business Representation (Attachment V).

VI. OTHER INFORMATION FOR OFFERORS.

ISA HANDBOOK available at <http://www-nmlc.med.navy.mil> under Public Access/ Services/ Individual Set Asides, OR can be requested from the contract specialist listed below.

After your application is reviewed, the Government will do at least one of the following: (1) Call you to negotiate your price, or (2) Ask you to submit additional papers to ensure you are qualified for the position, (3) Send you a letter to tell you that you are either not qualified for the position or that you are not the highest qualified individual, or (4) Make contract award from your application. If you are the successful applicant, the contracting officer will mail to you a formal government contract for your signature. This contract will record the negotiated price, your promise to perform the work described above, how you will be paid, how and by whom you will be supervised, and other rights and obligations of you and the Navy. Since this will be a legally binding document, you should review it carefully before you sign.

PLEASE NOTE: As of June 1, 1998 all contractors must be registered in the Central Contractor Registration (CCR) as a prerequisite to receiving a Department of Defense (DoD) contract. You may register in the CCR through the

World Wide Web at <http://www.ccr.gov>, or <http://www.ccr.dlis.dla.mil>. This website contains all information necessary to register in CCR. An extract from this website is provided as Attachment 6 to this application.

You will need to obtain a DUNS (Data Universal Numbering System) number prior to registering in the CCR database. This DUNS number is a unique, nine-character company identification number. Even thou you are an individual, not a company, you must obtain this number. You may do so by calling Dun and Bradstreet at 1-800-333-0505.

The CCR also requires several other codes as follows:

CAGE Code: A Commercial and Government Entity (CAGE) code is a five-character vendor ID number used extensively within the DoD. If you do not have this code, one will be assigned automatically after you complete and submit the CCR form.

US Federal TIN: A Taxpayer ID Number or TIN is the same as your Social Security Number.

NAICS Code: A North American Industry Classification System code is a numbering system that identifies the type of products and/or services you provide. The NAICS Code for 622110.

If you encounter difficulties registering in the CCR, contact the CCR Registration Assistance Centers at 1-888-227-2423 or call your Contract Specialist or Contracting Officer at NMLC. Normally, registration completed via the Internet is accomplished within 48 hours. Registration of an applicant submitting an application through the mail or via facsimile may take up to 30 days. Therefore, you are encouraged to apply for registration immediately upon receipt of the Notice of Contracting Opportunity. Any contractor who is not registered in CCR will NOT get paid.

Upon notification of contract award, you will be required to obtain a physical examination at your expense. The physician must complete the questions in the physical certification, which will be provided with the contract. You will also be required to obtain the liability insurance specified in Attachment 4, Pricing Information. Before commencing work under a Government contract, you must notify the Contracting Officer in writing that the required insurance has been obtained.

A complete, sample contract is available upon request.

Questions concerning this package may be addressed at (301) 619-2151 or at E-MAIL: Acquisitions@nmlc.med.navy.mil. IN SUBJECT LINE PLEASE REFERENCE: CODE 220

We look forward to receiving your application.

ATTACHMENT I
RESUME/ CURRICULUM VITAE
PHYSICAL THERAPIST

1. After contract award, all the information you provide will be verified during the credentialing process. At that time, you will be required to provide the following documentation verifying your qualifications: Professional Education Degree, a Release of Information, an application for clinical privileges which will result in an Individual Credentials File (ICF), all medical licenses held within the preceding 10 years, a copy of your American Heart Association CPR Health Care Provider Course Certification card (or equivalent), certifications, and employment eligibility documentation. If you submit false information, either:

(a) your contract may be terminated for default. This action may initiate the suspension and debarment process, which could result in the determination that you are no longer eligible for future Government contracts, and/or

(b) you may lose your clinical privileges. If that occurs, an adverse credentialing action report will be forwarded to your State licensing bureau and the National Practitioners Databank.

2. Health Certification. Individuals providing services under Government contracts are required to undergo a physical exam no more than 60 days prior to beginning work. This includes a record of required immunizations/tests. Maintaining current immunizations/test status is your responsibility. The exam is not required prior to award but is required prior to the performance of services under contract. By signing this form, you have acknowledged this requirement.

PRIVACY ACT STATEMENT

Under §5 U.S.C. 552a and Executive Order 9397, the information provided is part of my response to and for use in the consideration of a Government contract; disclosure of the information is voluntary; failure to provide information may result in the denial of the opportunity to enter into a contract.

(Date)mm/dd/yy) _____
(Signature)

3. Malpractice Risk Information. Individuals providing service under Government contracts must represent an acceptable malpractice risk to the Government. **The information provided is part of my response to and for use in the consideration of a Government contract; disclosure of the information is voluntary; failure to provide information may result in the denial of the opportunity to enter into a contract**

MALPRACTICE RISK INFORMATION

	<u>Yes</u>	<u>No</u>
1. Have you ever been the subject of a malpractice claim? (indicate final disposition of case in comments)	___	___
2. Have you ever been a defendant in a felony or misdemeanor case? Indicate final disposition of the case in comments)	___	___
3. Has your license to practice or DEA certification ever been revoked or restricted in any state?	___	___

If any of the above is answered "yes" attach a detailed explanation. Specifically address the disposition of the claim or charges for numbers 1 and 2 above, and the State of the revocation for number 3 above.

4. Resumes/Curriculum Vitae. Every item on the resume outline must be addressed. Please sign and date at the end of your resume. Any additional information required may be provided on a separate sheet of paper.

A. **General Information.** At a minimum, include

Your name (Last/First/Middle), and
Your Social Security Number, and
Your current Address (address/city/state/zip code), and
Telephone numbers where you may be reached (including area code), and
Email address(es) where you may be reached.

B. **Professional Education.** At a minimum, include:

Evidence that you possess a Masters of Science Degree in Physical Therapy from a physical therapy program accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE) of the American Physical Therapy Association (APTA), and

Evidence that you have successfully completed programs related to the therapy and care of pre- and post-operative breast cancer patients including, but not limited to a cancer exercise specialist programs, lymphedema therapy programs, manual lymph drainage and complete decongestive physiotherapy programs, and movement and dance programs, and

Evidence of current certification as an Orthopedic Certified Specialist (OCS) as determined by the American Board of Physical Therapy Specialties (ABPTS), and

All current, unrestricted licenses to practice physical therapy in any one of the 50 States, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands, (including state of issuance, date of issuance and, date of expiration).

C. **Continuing Education:** Evidence that you have successfully completed at least 24 hours of continuing education within the last 24 months. Provide the course name, course dates and, CEU/CME hours received. To be most relevant, continuing education must be related to the clinical requirements of a physical therapist in a breast health or women's health environment.

D. **BLS:** Provide evidence of current certification in American Heart Association Basic Life Support (BLS) for Healthcare Providers; American Heart Association Healthcare Provider Course; American Red Cross CPR (Cardiopulmonary Resuscitation) for the Professional Rescuer; or equivalent. Provide the training type listed on the card and the expiration date. A copy of both sides of the card shall be submitted. DO NOT SUBMIT THE ORIGINAL CARD.

e. **Professional Employment:** Evidence that you have at least two years experience following conference of your graduate degree as a Lymphedema Specialist within the preceding five years. List your current and preceding employers for the past 5 years, even if they are not related to your experience as a physical therapist. Provide the name and address of each employer, the dates of employment and a general description of the work performed/major duties/organizational position. For the most recent 2 employers, provide the name, address and, telephone number of your workplace supervisor.

If you are you currently employed on a Navy contract, please disclose the location of your current contract, the position you hold, and the contract expiration date.

F. **Employment Eligibility:** Provide the documentation (as shown in Attachment III) that demonstrates that you meet the requirements for U.S. Employment Eligibility. If you do not, please provide an explanation. A contract will not be awarded to any individual in violation of the Immigration and Naturalization laws of the United States.

G. **Professional References:** Provide two letters of recommendation written within the last two years attesting to your clinical skills. A minimum of one of the letters must be from a physician supervisor (allopathic or osteopathic). The other letters must be from either clinic or hospital administrators, or practicing physicians (allopathic or osteopathic). Reference letters shall attest to your communication skills and ability to relate to patients as well as

professional and other interpersonal skills among staff members and must include name, title, phone number, date of reference, address and signature of the individual providing reference. To be most relevant, reference letters must address your experience working in a breast health or women's health environment.

H. **Required Immunizations/Screening Tests:** Provide evidence of Hepatitis B Series (including dates) and PPD (including date of last reading and sero-conversion status).

I. **Military Experience.** Provide any MTF or military experience within the last 10 years that may enhance your ranking. If you have prior military experience, provide a copy of your form DD214.

J. **Additional Information:** Provide any additional information you feel may enhance your ranking based on the ranking criteria that have been listed in descending order of importance, such as your resume, curriculum vitae, commendations or documentation of any awards you may have received, etc.

5. I hereby certify the above information to be true and accurate:

(Signature)

(Date) (mm/dd/yy)

ATTACHMENT II
PRICING SHEET
PERIOD OF PERFORMANCE

Services are required from 3 May 04 to 30 Sep 04. Five option periods will be included which will extend services through 2 May 09, if required by the Government. The Contracting Officer reserves the right to adjust the start and end dates of performance to meet the actual contract start date.

PRICING INFORMATION. Insert the price per hour that you want the Navy to pay you. You may want to consider inflation rates when pricing the option periods. The Government will award a contract that is neither too high nor too low. Your price would be high enough to retain your services but not so high as to be out of line when compared to the salaries of other Physical Therapists in the San Diego, California area. The average hourly price awarded previously for performance in 2003 by Physical Therapists is **\$XX.XX** per hour. The hourly price includes consideration for the following required taxes and insurance:

(a) Please note that if you are awarded a Government contract position, you will be responsible for paying all federal, state and, local taxes. The Navy does not withhold any taxes. Your proposed prices should include the amount you will pay in taxes.

(b) Before commencing work under a contract, you shall obtain the following required levels of insurance at your own expense: (a) General Liability - Bodily injury liability insurance coverage written on the comprehensive form of policy of at least \$500,000 per occurrence, and (b) Automobile Liability - Auto liability insurance written on the comprehensive form of policy. Provide coverage of at least \$200,000 per person and \$500,000 per occurrence for bodily injury and \$20,000 per occurrence for property damage.

The price that you quote for the base period will be added to the proposed quote for all option periods for the purpose of price evaluation.

<u>Line Item</u>	<u>Description</u>	<u>Quantity</u>	<u>Unit</u>	<u>Unit Price</u>	<u>Total Amount</u>
0001	The offeror agrees to perform, on behalf of the Government, the duties of one Physical Therapist for The Naval Medical Center San Diego in accordance with this Application and the resulting contract.				
0001AA	Base Period; 3 May 04 thru 30 Sep 04	672	Hour	\$ _____	\$ _____
0001AB	Option Period I; 1 Oct 04 thru 30 Sep 05	2088	Hour	\$ _____	\$ _____
0001AC	Option Period II; 1 Oct 05 thru 30 Sep 06	2088	Hour	\$ _____	\$ _____
0001AD	Option Period III; 1 Oct 06 thru 30 Sep 07	2088	Hour	\$ _____	\$ _____
0001AE	Option Period IV; 1 Oct 07 thru 30 Sep 08	2088	Hour	\$ _____	\$ _____
0001AF	Option Period V; 1 Oct 08 thru 2 May 09	1424	Hour	\$ _____	\$ _____
TOTAL FOR CONTRACT LINE ITEM 0001					\$ _____

Printed Name _____

Signature _____

ATTACHMENT III
SUBMIT ONE FROM LIST A
LIST A

Documents that Establish Both Identity and Employment Eligibility

1. U. S. Passport (unexpired or expired)
2. Certificate of U. S. Citizenship (INS Form N-560 or N-561)
3. Certificate of Naturalization (INS Form N-550 or N-570)
4. Unexpired foreign passport, with I-551 stamp or attached INS Form I-94 indicating unexpired employment authorization.
5. Alien Registration Receipt Card with photograph (INS Form I-151 or I-551)
6. Unexpired Temporary Resident Card (INS Form I-688)
7. Unexpired Employment Authorization Card (INS Form I-688A)
8. Unexpired Reentry Permit (INS Form I-327)
9. Unexpired Refugee Travel Document (INS Form I-571)
10. Unexpired Employment Authorization Document issued by the INS that contains a photograph (INS Form I-698B)

OR SUBMIT ONE FROM LIST B AND ONE FROM LIST C

LIST B

Documents that Establish Identity

1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address
2. ID card issued by federal, state or local government agencies of entitles provided it contains a photograph or information such as name, date of birth, sex height, eye color, and address
3. School ID card with a photograph
4. Voter's registration card
5. U.S. Military card or draft record

LIST C

Documents that Establish Employment Eligibility

1. U.S. social security card issued by the Social Security Administration (other than a card stating it is not valid for employment)
2. Certification of Birth Abroad issued by the Department of State (Form FS-545 or Form DS-1350)
3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal
4. Native American Tribal document

6. Military dependant's ID Card

7. U.S. Coast Guard Merchant
Mariner Card

8. Native American tribal document

9. Driver's license issued by a
Canadian government authority

For persons under age 18 who
are unable to present a
document listed above;

10. School record or report card

11. Clinic, doctor, or hospital record

12. Day-care or nursery school record

5. U.S. Citizen ID Card (INS Form I-197)

6. ID Card for use of Resident
Citizen in the United States
(INS Form I-179)

7. Unexpired employment
authorization document issued
by the INS (other than those
listed under List a)

ATTACHMENT IV
CENTRAL CONTRACTOR REGISTRATION APPLICATION
CONFIRMATION SHEET

As of June 1, 1998 all contractors must be registered in the Central Contractor Registration (CCR) as a prerequisite to receiving the Department of Defense (DoD) contract.

Registration through the World Wide Web is preferred. The Web address is <http://www.ccr.gov/> or <http://www.ccr.dlis.dla.mil/>. If you do not have Internet access, please call (301) 619-3015 to request a copy of the application.

In order to register with the CCR you are required to obtain a DUNS number from Dun & Bradstreet. Please contact Dun & Bradstreet at 1-800-333-0505 to request a number or request the number via Internet at <http://www.dnb.com/aboutdb/dunsform.htm>.

When you have done this, please mail or fax "THIS COMPLETED CONFIRMATION SHEET" to:

Naval Medical Logistics Command
ATTN: Code 02
1681 Nelson Street
Fort Detrick, MD 21702-9203
FAX (301) 619-2925 or (301) 619-6793

Name: _____

Company: _____

Address: _____

Date CCR Form was submitted: _____

Assigned DUN & BRADSTREET #: _____

Email Address: _____

ATTACHMENT V
SMALL BUSINESS PROGRAM REPRESENTATIONS

As stated in paragraph I.A. of this application this position is set-aside for individuals. As an individual you are considered a Small Business for statistical purposes. If you are female, you are considered a woman-owned small business. If you belong to one of the racial or ethnic groups in section B, you are considered a small disadvantaged business. To obtain further statistical information on Women-owned and Small Disadvantaged Businesses you are requested to provide the additional information requested below. NOTE: This information will not be used in the selection process nor will any individual benefit by the information provided.

Check as applicable:

Section A

- ☐ The offeror represents for general statistical purposes that it is a woman-owned small business concern.
- ☐ The offeror represents, for general statistical purposes, that it is a small disadvantaged business concern as defined below.
- ☐ The offeror represents for general statistical purposes that it is a service disabled veteran owned small business.

Section B

Complete if offeror represented itself as disadvantaged in this provision.] The offeror shall check the category in which its ownership falls:

☐ Black American.

☐ Hispanic American.

☐ Native American (American Indians, Eskimos, Aleuts, or Native Hawaiians).

☐ Asian-Pacific American (persons with origins from Burma, Thailand, Malaysia, Indonesia, Singapore, Brunei, Japan, China, Taiwan, Laos, Cambodia (Kampuchea), Vietnam, Korea, The Philippines, U.S. Trust Territory of the Pacific Islands (Republic of Palau), Republic of the Marshall Islands, Federated States of Micronesia, the Commonwealth of the Northern Mariana Islands, Guam, Samoa, Macao, Hong Kong, Fiji, Tonga, Kiribati, Tuvalu, or Nauru).

☐ Subcontinent Asian (Asian-Indian) American (persons with origins from India, Pakistan, Bangladesh, Sri Lanka, Bhutan, the Maldives Islands, or Nepal).

Offeror's Name : _____

Notice of Contracting Opportunity No.: SO-02-04